PAGE 1/8 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mark Takano for Congress PO Box 5214 ADDRESS (number and street) (Check if address is changed) Riverside 92517 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@marktakano.com (Check if address is changed) Optional Second E-Mail Address takano@nextlevelpartners.net COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.marktakano.com (Check if address is changed) DATE 05 2022 C00498667 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. May, Jennifer, , , Type or Print Name of Treasurer May, Jennifer, , , [Electronically Filed] 04 05 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate	Takano, Mark, , ,	
	didate / Affiliati	on DEM Office Sought: X House Senate President	State CA District 39
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revise	ed 02/2009)	Page <b>3</b>
Write or Type Committee Na	ame	
Mark Takano	for Congress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
'83 For '18		
Mailing Address	PO Box 5418	
		20913
Relationship: Connec	CITY STATE  cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
<ul> <li>Custodian of Records: I books and records.</li> </ul>	Identify by name, address (phone number optional) and position of the person	on in possession of committee
May, Je Full Name	ennifer, , ,, PO Box 5214	<u> </u>
Mailing Address		<u> </u>
	Riverside	92517
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	2 - 505 - 1657
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; an g., assistant treasurer).	nd the name and address of
Full Name May, Je of Treasurer	ennifer, , ,	
Mailing Address	PO Box 5214	
	L Pivoreido	102517
	Riverside CA CITY STATE	92517   ZIP CODE
Title or Position Treasurer	Telephone number	

FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes o Name of Bank, Depos		
safety deposit boxes of Name of Bank, Depos	nk of America  351 E Alessandro Rd	02508
safety deposit boxes of Name of Bank, Depos	nk of America  351 E Alessandro Rd	
safety deposit boxes of Name of Bank, Depos	r maintains funds.  ink of America  351 E Alessandro Rd  Riverside  CA  STATE	92508
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	r maintains funds.  ink of America  351 E Alessandro Rd  Riverside  CA  STATE	92508
Name of Bank, Depos  Mailing Address  Name of Bank, Depos	r maintains funds.  ink of America  351 E Alessandro Rd  Riverside  CITY  STATE  7815 Woodmont Ave	92508

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b>		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Takano Equality V	Vave		
	PO Box 15320		
Mailing Address			
	Weshington	DC.	20003
Balatta addi	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representation	Leadership PAC S
esignated Agent: Identify		Fundraising Representation	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Takano California	I Organization, Affiliated Committee, Joint Funda	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 15320		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  cries: List all banks or other depositories in whice	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second state of Bank, depository, etc.	CITY A  cries: List all banks or other depositories in whice	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
David & Mark Eq	uality Fund		
Mailing Address	PO Box 15320		
-			
		DC DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	ed Organization Affiliated Committee Joint  fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
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esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
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esignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	.g . a. a		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Equality Congres	Organization, Affiliated Committee, Joint Funds	draising Representativ	e, or Leadership PAC Spon
Mailing Address	PO Box 15320		
Maining / Idai 000			
	Washington	, DC ,	20003
Relationship:	CITY ▲	STATE A	
riolationionip.	0111 🗷	SIAIL	211 0001
	Affiliated Committee	int Fundraising Represent	tative Leadership PAC S
		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
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esignated Agent: Identif	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif	fy by name, address (phone number – optional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A